

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	sl		4-3-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	A-S	943	5-30-1
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	3/25/02
1	9/30/02
2	4/7/03
3	9/23/03
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37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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